EXHIBIT 7



2016 Express Scripts **National Preferred Formulary**

ABSORICA ACANYA acetaminophen/codeine ACTEMRA [INJ] acyclovir **ADCIRCA ADEMPAS** ADVAIR DISKUS ADVAIR HFA AKYN7F0 albuterol nebulization solution alendronate sodium allopurinol ALPHAGAN P 0.1% alprazolam ALREX amiodarone **AMITIZA** amitriptyline amlodipine amlodipine/benazepril amlodipine/valsartan amoxicillin amoxicillin/potassium clavulanate **AMPYRA** ANALPRAM ADVANCED **CREAM KIT** ANALPRAM HC 1% CREAM SINGLES, 2.5% LOTION anastrozole ANDROGEL ANORO ELLIPTA antipyrine/benzocaine apri APRISO arbinoxa **ARCAPTA** aripiprazole ASMANEX HFA ASMANEX TWISTHALER atenolol atenolol/chlorthalidone atorvastatin ATRALIN AUVI-Q [INJ] AVONEX [INJ] **AXIRON** azathioprine azelastine nasal spray **AZILECT**

AZOR

azithromycin

baclofen benazepril benazepril/hctz BENICAR, BENICAR HCT benzonatate BEPREVE BETHKIS BEYAZ

bimatoprost bisoprolol/hctz **BREO ELLIPTA** BRILINTA BRISDELLE budesonide nebulization suspension bupropion bupropion ext-release buspirone butalbital/acetaminophen/ caffeine BUTRANS BYDUREON [INJ] BYETTA (INJ)

BYSTOLIC

CANASA CARAC carbidopa/levodopa carvedilol cefdinir cefuroxime celecoxib CENESTIN cephalexin CETROTIDE [INJ] chlorhexidine gluconate chlorthalidone chorionic gonadotropin [INJ] CIALIS

CIPRODEX ciprofloxacin citalopram clarithromycin clindamycin hcl clindamycin phosphate clindamycin phosphate/ benzoyl peroxide clobetasol propionate clomiphene citrate clonazepam clonidine clopidogrel clotrimazole/ betamethasone dipropionate COLCRYS COMBIGAN COMBIPATCH COMBIVENT RESPIMAT COPAXONE 40 MG [INJ]

cyanocobalamin [INJ] cyclobenzaprine D

COREG CR

CORLANOR

CREON

CRESTOR

CRINONE

DALIRESP

COSENTYX [INJ]

famotidine **FARXIGA** fenofibrate fenofibrate micronized fenofibric acid delayed-release fentanyl patch

DAYTRANA desloratadine desonide dexamethasone dextroamphetamine/ amphetamine dextroamphetamine/ amphetamine ext-release diazepam diclofenac sodium delayed-release dicyclomine hcl digoxin diltiazem ext-release (24 hour) diphenoxylate/atropine divalproex delayed-release divalproex ext-release DIVIGEL donepezil doxazosin doxepin doxycycline hyclate doxycycline monohydrate DUAVEE **DULERA** duloxetine delayed-release

DYMISTA

EFFIENT

ELIDEL eliphos **ELIQUIS** enalapril ENBREL [INJ] **ENJUVIA** enoxaparin [INJ] **EPIDUO** EPIPEN, EPIPEN JR [INJ] ergocalciferol erythromycin eve ointment escitalopram esomeprazole magnesium delayed-release ESTRACE VAGINAL CREAM estradiol estradiol patch estradiol/norethindrone acetate eszopiclone etodolac **EUFLEXXA [INJ] EXELON PATCHES** EXTAVIA [INJ]

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescriptiondrug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

FETZIMA FINACEA finasteride fluconazole fluocinonide fluoxetine fluticasone nasal spray FOCALIN XR 25 MG, 35 MG folic acid **FORADIL** FORTEO [INJ] FOSRENOL FRAGMIN [INJ] furosemide **FYCOMPA**

G

gabapentin GELNIQUE gemfibrozil GENOTROPIN [INJ] gianvi gildess fe **ĞILENYA** glimepiride glipizide glipizide ext-release GLUCAGEN [INJ] GLUCAGON [INJ] glyburide glyburide/metformin **GLYXAMBI** GONAL-F [INJ] GONAL-F RFF [INJ] GRALISE **GRASTEK** guanfacine ext-release

HUMALOG [INJ] HUMATROPE [INJ] HUMIRA [INJ] HUMULIN [INJ] hydralazine hydrochlorothiazide hydrocodone/ acetaminophen hydrocodone/ chlorpheniramine polistirex hydrocodone/homatropine hydrocodone/ibuprofen hydrocortisone topical hydromorphone hydroxychloroquine hydroxyzine hcl hydroxyzine pamoate HYSINGLA ER

ibandronate ibuprofen ILEVRO **INCRUSE ELLIPTA** indomethacin INVOKAMET INVOKANA irbesartan isosorbide mononitrate ext-release

JANUMET, JANUMET XR JANUVIA **JARDIANCE JENTADUETO** junel fe

ketoconazole topical

labetalol hcl

lamotrigine lansoprazole delayed-release LANTUS [INJ] latanoprost LATUDA LAZANDA **LETAIRIS** LEVEMIR [INJ] levetiracetam levocetirizine levofloxacin levothyroxine sodium LIALDA lidocaine patch LINZESS liothyronine LIPOFEN lisinopril lisinopril/hctz LO LOESTRIN FE LO MINASTRIN FE lorazepam losartan losartan/hctz LOTEMAX lovastatin

M

LUMIGAN

LYRICA

MAKENA [INJ] meclizine hcl medroxyprogesterone acetate meloxicam metaxalone metformin metformin ext-release methadone methimazole methocarbamol methotrexate methylphenidate

methylphenidate ext-release methylprednisolone metoclopramide hcl metoprolol succinate ext-release metoprolol tartrate metronidazole metronidazole topical metronidazole vaginal gel microgestin fe MINASTRIN 24 FE MINIVELLE minocycline mirtazapine **MIRVASO** modafinil moderiba mometasone mononessa MONOVISC [INJ] montelukast morphine sulfate ext-release MOVANTIK MOXEZA multivitamins/fluoride mupirocin

MYRBETRIQ

nabumetone NAMENDA XR NAMZARIC naproxen, naproxen sodium NASCOBAL NASONEX NATAZIA neomycin/polymyxin/ hydrocortisone ear drops **NEVANAC** niacin ext-release nifedipine ext-release nitrofurantoin monohydrate/ macrocrystals NORDITROPIN [INJ] nortriptyline NUCYNTA, NUCYNTA ER **NUEDEXTA** NUVARING NUVIGIL nystatin oral suspension nystatin topical nystatin/triamcinolone

olanzapine omeprazole delayed-release ondansetron ondansetron orally disintegrating tablets

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2016 THROUGH DECEMBER 31, 2016. THIS LIST IS SUBJECT TO CHANGE. You can get more information and updates to this document at our website at Express-Scripts.com.

Case 1:18-cv-03560-GLR Docu Document 187-9 Filed 10/31/22 Page 3 of 3 **Excluded Medications With Covered Preferred Alternatives**

ONETOUCH KITS/METERS; BASIC, ULTRA 2, ULTRAMINI. ULTRASMART, VERIO IQ. **VERIO SYNC** ONETOUCH TEST STRIPS; FASTTAKE, ONETOUCH, SURESTEP, ULTRA, VERIO. ONEXTON OPANA ER **OPSUMIT ORACEA** ORENCIA [INJ] ORTHOVISC [INJ] **OTEZLA** oxcarbazepine OXTELLAR XR oxybutynin oxybutynin ext-release oxycodone oxycodone/acetaminophen OXYCONTIN

rabeprazole delayed-release RAGWIŤEK raloxifene ramipril RANĖXA ranitidine **RAPAFLO** RASUVO [INJ] REBIF [INJ] RECTIV RELISTOR [INJ] RELPAX REMICADE RENVELA **RESTASIS** RIOMET risedronate risperidone rizatriptan ropinirole

SAFYRAL

SANCUSO 5 1 SANDOSTATIN LAR

SAVELLA

sertraline

simvastatin

DEPOT [INJ]

SEREVENT DISKUS SEROQUEL XR

SIMPONI 100 MG [INJ] (for

ulcerative colitis only)

SOLODYN 55 MG. 65 MG. 80 MG, 105 MG, 115 MG

SOMATULINE DEPOT [INJ]

SOVALDI (excluded for

Genotype 1 only)

SPIRIVA HANDIHALER

SPIRIVA RESPIMAT

spironolactone

STELARA [INJ]

SUBOXONE SL FILM

sulfamethoxazole/

trimethoprim

SUMAVEL DOSEPRO [INJ]

TACLONEX SUSPENSION

tamsulosin ext-release

TEKTURNA, TEKTURNA HCT

STRATTERA

sumatriptan

SYMBICORT

SYMLINPEN [INJ]

SUPREP

TAMIFLU

tamoxifen

TAZORAC

TEKAMLO

TECFIDERA

telmisartan

temazepam

terconazole

tizanidine

testosterone

cypionate [INJ]

timolol maleate

TOBI PODHALER

eye solution

terazosin

telmisartan/hctz

sprinted

SPRYCEL

TOBRADEX ST tobramycin eye solution tobramycin/ dexamethasone susp tolterodine ext-release topiramate TOUJEO SOLOSTAR [INJ] TOVIAZ **TRACLEER TRADJENTA** tramadol tramadol/acetaminophen TRAVATAN Z trazodone hcl TRELSTAR [INJ] triamcinolone acetonide topical triamterene/hctz TRIBENZOR trinessa tri-previfem tri-sprintec TRULICITY (INJ) **TUDORZA**

UCERIS TABLETS ULORIC

VAGIFEM valacyclovir valsartan valsartan/hctz **VASCEPA** venlafaxine venlafaxine ext-release **VENTOLIN HFA** verapamil ext-release veripred **VESICARE** VIAGRA VIEKIRA PAK VIGAMOX VIIBRYD VIMPAT VIOKACE VOLTAREN GEL **VYTORIN** VYVANSE

W

warfarin WELCHOL

XARELTO XIFAXAN XIGDUO XR

ZYTIGA

ZENPEP (EXCEPT 5,000 U) ZETIA ZIANA zolpidem zolpidem ext-release ZOMIG NASAL ZONTIVITY ZORVOLEX **ZUBSOLV ZYLET**

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ABSTRAL	fentanyl citrate lozenges, LAZANDA
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/ŠTRÍPS
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA ONETOUCH METERS/STRIPS
ADVOCATE TEST STRIPS	
ALVESCO APIDRA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR HUMALOG
ARANESP	PROCRIT
ARNUITY ELLIPTA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
ASACOL HD	balsalazide disodium, APRISO, LIALDA, PENTASA
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
BENZACLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA, ONEXTON, ZIANA
BRAVELLE Breeze, Contour Meters/Strips	GONAL-F, GONAL-F RFF ONETOUCH METERS/STRIPS
CETRAXAL	ciprofloxacin ear solution, CIPRODEX
CIMZIA	ENBREL, HUMIRA, STELARA
DELZICOL	balsalazide disodium, APRISO, LIALDA, PENTASA balsalazide disodium, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULE	ORACEA
DUEXIS EDARBI/EDARBYCLOR	ibuprofen + famotidine
EDANDI/EDAND I GLUN	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
FENTORA	fentanyl citrate lozenges, LAZANDA
FLUOROURACIL 0.5% CREAM FLOVENT DISKUS/HFA	imiquimod 5% cream, CARAC ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
FOLLISTIM AQ	GONAL-F GONAL-F RFF
FORTESTA	GONAL-F, GONAL-F RFF ANDROGEL, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
FROVA	rizatriptan, sumatriptan, zolmitriptan, RELPAX
GANIRELIX ACETATE	CETROTIDE
GEL-ONE HARVONI	EUFLEXXA, MONOVISC, ORTHOVISC VIEKIRA PAK
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO
LEVITRA	CIALIS, VIAGRA
MIRCERA NATESTO	PROCRIT ANDROGEL, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO OMNADIS	VIEKIRA PAK
OMNARIS OMNITROPE	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
PANCREAZE	nancrelinase delayed-release CREON 7FNPFP
PERTZYE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
QSYMIA	phentermine
ribapak RIBATAB	moderiba, ribavirin capsules, ribavirin tablets moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ENBREL, HUMIRA, STELARA
SOVALDI (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
STAXYN	CIALIS, VIAGRA
STENDRA SUBSYS	CIALIS, VIAGRA
SUPARTZ	fentanyl citrate lozenges, LAZANDA EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC/ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TANZEUM	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL, AXIRON
TESTOSTERONE GEL	ANDROGEL, AXIRON
TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz,
TRUETEST, TRUETRACK METERS/STRIPS	valsartan/hctz, BENICAR/HCT ONETOUCH METERS/STRIPS
ULTRESA	pancrelipase delayed-release, CREON, ZENPEP
UNISTRIP TEST STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin phosphate + tretinoin, ACANYA, ONEXTON, ZIANA
VERAMYST	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL BYDUREON, BYETTA, TRULICITY
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL, AXIRON
	FNRRFI HIMIRA
XELJANZ XOPENEX HFA	ENBREL, HUMIRA PROAIR HFA. PROAIR RESPICLICK, VENTOLIN HFA
XOPENEX HFA ZETONNA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA flunisolide. fluticasone. triamcinolone acetonide. NASONEX. QNASL
XOPENEX HFA	ENBREL, HUMIKA PROAIR RESPICLICK, VENTOLIN HFA flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL latanoprost, travoprost, LUMIGAN, TRAVATAN Z GENOTROPIN, HUMATROPE, NORDITROPIN

[INJ] - Injectable Drug

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.

Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters

pantoprazole delayed-release paroxetine **PATADAY PATANOL** PAZE0 penicillin v potassium PENTASA PERFOROMIST pioglitazone PLEGRIDY [INJ] polymyxin/trimethoprim potassium chloride ext-release **POTIGA PRADAXA** pramipexole pravastatin prednisolone acetate eye suspension prednisolone sodium phosphate prednisone

PREPOPIK PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT [INJ] progesterone micronized

PREMARIN TABS

PREMPHASE

PREMPRO

PREMARIN VAGINAL CREAM

PROLENSA promethazine promethazine/

dextromethorphan propranolol propranolol ext-release PULMICORT FLEXHALER

PYLERA

Q

QNASL quetiapine QUILLIVANT XR quinapril QVAR

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